SAMPLE

(Place School District or Agency Name Here)

DIRECT CERTIFICATION ELIGIBILITY NOTIFICATION for FREE MEALS BASED on RECEIPT of FOOD STAMP/CalWORKs/KinGAP/FDPIR BENEFITS

Date:	
Dear Parent/Guardian:	
year based on his/her receipt of benefits under	Ily approved for free meals during the 2002-2003 school the Food Stamps Program, California Work Opportunity ip Guardianship Assistance Payments (KinGAP), or the ons (FDPIR).
Student's Name	Student's Name
You must notify the school when any of th CalWORKs, KinGAP, or FDPIR benefits.	ese children are no longer receiving Food Stamps,
FDPIR benefits, or if you feel your other child(re	eiving the Food Stamps Program, CalWORKs, KinGAP, or en)'s name should be included in the list above, you must ed-Price Meals and return it to the school as soon as
If you do not want your child(ren) to receive fre	e meals or if you have any questions, please contact:
Name: Agency: Address: City, State, Zip: Phone:	
Sincerely,	
(Signature)	(Title)

This institution is an equal opportunity employer.